

PART B - ISSUE FEE TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

SUGHRUE, MION, ZINN, MACPEAK & SEAS,
 PLLC
 1010 El Camino Real, Suite 360
 Menlo Park CA 94025

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(Signature)

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/072,622	05/05/98	036	Ramakrishnaiah, M 2643	02/26/02
First Named Applicant Ludwig				

TITLE OF INVENTION

VIDEO CONFERENCING ON EXISTING UTP INFRASTRUCTURE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
COLB-001/US	348-015.000		Utility	Yes	\$640.00	05/28/02
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 _____ 2 _____ 3 _____		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. COLLABORATION (A) NAME OF ASSIGNEE PROPERTIES, INC. (B) RESIDENCE: (CITY & STATE OR COUNTRY) INCLINE VILLAGE NEVADA 89451 Please check the appropriate assignee category indicated below (will not be printed on the patent) <input type="checkbox"/> Individual <input type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE AN EXTRA COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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